

**APPLICATION DATA SHEET****Application Information**

Application Type: National Phase  
 Subject Matter: Utility  
 Suggested Classification:  
 Suggested Group Art Unit:  
 CD-ROM or CD-R?: None  
 Number of CD disks:  
 Number of copies of CDs:  
 Sequence submission?:  
 Computer Readable Form (CRF):  
 Number of copies of CRF:  
 Title: COMPLIANCE MONITOR AND METHOD  
 Attorney Docket Number: 27233U  
 Request for Early Publication?: No  
 Request for Non-Publication?: No  
 Suggest Drawing Figure:  
 Total Drawing Sheets: 8  
 Small Entity?: No  
 Latin name:  
 Variety denomination name:  
 Petition included?: No  
 Petition Type:  
 Licensed U.S. Govt. Agency:  
 Contract or Grant Numbers:  
 Secrecy Order in Parent Appl.?

**Applicant Information (1)**

Applicant Authority type: Inventor  
 Primary Citizenship Country: DE  
 Status: Full Capacity  
 Given Name: Antje-Henriette  
 Middle Name:  
 Family Name: FINK-WAGNER  
 Name Suffix:  
 City of Residence: Konstanz  
 State or Province of Residence:  
 Country of Residence: DE

State or Province of Residence:  
Country of Residence:  
Street of Mailing address:  
City of mailing address:  
State/Province of mailing address:  
Country of mailing address:  
Postal Code of mailing address:

DE  
Blarerstr. 18,  
Konstanz

78462

### **Applicant Information (2)**

Applicant Authority type: Inventor  
Primary Citizenship Country: NL  
Status: Full Capacity  
Given Name: Roberto  
Middle Name:  
Family Name: JONGEJAN  
Name Suffix:  
City of Residence: Amsterdam  
· State or Province of Residence:  
Country of Residence: NL  
· Street of Mailing address: Linnaeusparkweg 111,  
City of mailing address: Amsterdam  
State/Province of mailing address:  
Country of mailing address: NL  
Postal Code of mailing address: NL-1098 CV

### **Applicant Information (3)**

Applicant Authority type: Inventor  
Primary Citizenship Country: GB  
Status: Full Capacity  
Given Name: Christopher  
Middle Name:  
Family Name: FERRIS  
Name Suffix:  
City of Residence: Arlesey  
State or Province of Residence:  
Country of Residence: GB  
Street of Mailing address: Stotfold Road, 33b,  
City of mailing address: Arlesey

State/Province of mailing address:  
Country of mailing address: GB  
Postal Code of mailing address: SG15 6XL

**Representative Information**

Representative Customer Number:	034375
---------------------------------	--------

**Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

**Foreign Priority Information**

Country:	Application number:	Filing Date:	Priority Claimed:
GB	0322361.7	24 Sept. 2003	Yes

**Assignee Information**

Assignee name: Altana Pharma AG  
Street of mailing address: Byk-Gulden-Str. 2  
City of mailing address: Konstanz  
State/Province of mailing address:  
Country of mailing address: DE  
Postal Code of mailing address: 78467